

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-06-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits (99214—Re-examination), electrical stimulation (attended), therapeutic exercises, and therapeutic ultrasound rendered from 6/22/04 through 7/09/04 **were found** to be medically necessary. The office visits (99213—expanded problem focused) from 6/23/04 through 7/09/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 6/22/04 through 7/09/04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23rd day of November 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc  
Enclosure: IRO decision

November 22, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-05-0466-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic and is currently on the TWCC Approved Doctor List.

#### **REVIEWER'S REPORT**

##### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Order of case management
- Initial exam \_\_\_

- Office notes 05/29/03 – 07/09/04
- MRI 05/02/03
- SOAP notes 06/12/03 – 07/07/04
- TWCC-73 \_\_\_\_
- Various physician consultations 05/12/03 – 08/03/04
- Peer review reports 05/30/03 & 09/18/04

**Clinical History:**

The patient is a 50-year-old male who, on \_\_\_\_, injured his left knee while working. He sought treatment that same day at the local medical center, but eventually changed to a doctor of chiropractic who performed manipulation, physical therapy and rehabilitation. An eventual MRI showed a subtle tear of the medial meniscus but, according to the records, surgery was denied by the carrier.

**Disputed Services:**

Physical medicine services 99214, 97032, 97110, 99213 & 97035.

**Decision:**

The reviewer partially disagrees with the determination of the insurance carrier as follows:

Not medically necessary:

- 99213 office visits, expanded problem-focused

Medically necessary

- 99214 office visits, re-examination
- 97032 electrical stimulation, attended
- 97110 therapeutic exercises
- 97035 therapeutic ultrasound

**Rationale:**

In this case, the medical records adequately documented that the patient sustained a flare-up of his compensable injury. Therefore, and considering the diagnosis was left medial meniscus tear, the follow-up treatment consisting of pre- and post-exacerbation evaluations (99214) as well as physical therapy and rehabilitation (97032, 97110, and 97035) was medically necessary. This exacerbation care is further supported in the TWCC designated doctor's report – a report that carries presumptive weight – who wrote in his "Future Medical Treatment" section, "... does not need further treatment at this time. This does not indicate that absolutely no future treatment is indicated. may need occasional physical therapy to the knee."

However, the diagnosis in this case did not support the medical necessity that an expanded problem-focused evaluation and management (E/M) service needed to be performed on each and every visit, particularly not during the course of a predetermined treatment plan. Therefore, the medical necessity of these office visits was not supported.

Sincerely,